

EXHIBIT B

Fed Tax# 13-1921089
 Corporate Duns No 00-170-7322
 KM UEI - QKYFZQL5VZ32

B-T18

Page 1 / 1

Maintenance



KONICA MINOLTA
ORIGINAL
SUMMARY INVOICE

Invoice No: 9010384737

Payment Due Date: 04/10/2025

Payment Terms: 2% 10 NET 30

Invoice Date: 03/31/2025

Bill / Mail To:
 JO ANN STORES
 5555 DARROW RD
 HUDSON OH 44236-4011

830405

Payer:
 JO ANN STORES
 5555 DARROW RD
 HUDSON OH 44236-4011

830405

Purchase Order Number	Customer Contract	Contract Coverage Dates
		06/09/2023-03/30/2025
Invoice Comments		
Summary Invoice Coverage Periods		
02/01/2025-02/01/2025	02/01/2025-02/10/2025	02/01/2025-02/22/2025
02/01/2025-02/23/2025	02/01/2025-02/25/2025	02/01/2025-02/26/2025
02/01/2025-02/28/2025	02/01/2025-03/06/2025	02/01/2025-03/07/2025
02/01/2025-03/11/2025	02/01/2025-03/15/2025	02/01/2025-03/16/2025
02/01/2025-03/30/2025		
		Non-Taxable Amount: 328.48 Taxable Amount: 464.17 Invoice Sub Total: 792.65 Tax Total: 37.80 Invoice TOTAL: \$ 830.45

PLEASE DETACH THE FORM BELOW AND RETURN WITH YOUR PAYMENT OR SEE CREDIT CARD INFORMATION ON BACK

**Please pay online at www.MyKMBS.com using your
 payer id or remit payment to:**

KONICA MINOLTA BUSINESS SOLUTIONS
 USA INC
 DEPT. CH 19188
 PALATINE, IL 60055-9188
 USA

Payer ID: 830405

Invoice Nbr: 9010384737

Payment Due Date: 04/10/2025

Pay This Amount: \$ 830.45

For Administrative Use Only

40149016

Maintenance

830405

9010384737

1

QTR/QTR 1

T18

BILLING AND PAYMENT INQUIRIES

Please contact our CUSTOMER HELP DESK if you have any questions pertaining to:

Billing or Account Status
Address Changes
Payment by Credit Card (See Below)

TELEPHONE NO. : 1-800-695-4195
E-MAIL ADDRESS : custhelp@kmbs.konicaminolta.us
FAX NO.: 1-800-862-2490
or
WRITE US AT : Konica Minolta Business Solutions
100 Williams Dr.
Ramsey, NJ 07446
Attn: Customer Help Desk

Our Customer Service Representatives are available to assist you weekdays from 8:30 AM to 5:00 PM. Be sure to include your Account Name, Account Number and Invoice Number on all correspondence.

Address Changes

Payer

Account No. 830405

Company Name _____

Company Address _____

(Fax or Mail to the above Address)

Signature: _____

Date: _____

Title _____

You are not required to pay any disputed amount pending the resolution of the billing discrepancy inquiry. Payment is still required for undisputed charges that are billed to you. Disputes must be reported in writing within 30 days of receipt of this invoice. Thank You!

TO ORDER SUPPLIES OR PLACE SERVICE CALLS SEE US AT WWW.MYKMBS.COM



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Page 1 / 1

Maintenance



KONICA MINOLTA
ORIGINAL
SUMMARY INVOICE

Invoice No: 9010423962

Payment Due Date: 05/10/2025

Payment Terms: 2% 10 NET 30

Invoice Date: 04/30/2025

Bill / Mail To:
 JO ANN STORES
 5555 DARROW RD
 HUDSON OH 44236-4011

830405

Payer:
 JO ANN STORES
 5555 DARROW RD
 HUDSON OH 44236-4011

830405

Purchase Order Number	Customer Contract	Contract Coverage Dates
		03/22/2023-01/12/2028
Invoice Comments		
Summary Invoice Coverage Periods		
02/01/2025-03/05/2025	02/01/2025-04/05/2025	02/01/2025-04/08/2025
02/01/2025-04/09/2025	02/01/2025-04/25/2025	02/01/2025-04/30/2025
02/02/2025-04/30/2025	02/23/2025-04/30/2025	02/24/2025-04/30/2025
02/26/2025-04/30/2025	02/27/2025-04/30/2025	03/01/2025-04/30/2025
03/06/2025-04/30/2025	03/07/2025-04/30/2025	03/08/2025-04/30/2025
03/12/2025-04/30/2025	03/16/2025-04/30/2025	03/17/2025-04/30/2025
03/31/2025-04/30/2025	04/06/2025-04/30/2025	04/09/2025-04/30/2025
04/10/2025-04/30/2025	04/26/2025-04/30/2025	
		Non-Taxable Amount: 6,571.87
		Taxable Amount: 20,088.91
		Invoice Sub Total: 26,660.78
		Tax Total: 1,380.65
		Invoice TOTAL: \$ 28,041.43

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 USA INC
 DEPT. CH 19188
 PALATINE, IL 60055-9188
 USA

Payer ID: 830405

Invoice Nbr: 9010423962

Payment Due Date: 05/10/2025

Pay This Amount: \$ 28,041.43

For Administrative Use Only

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830405

9010423962

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Address Changes

Payer

Account No. 830405

Company Name _____

Company Address _____

(Fax or Mail to the above Address)

Signature: _____ Date: _____

Title _____

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KONICA MINOLTA
ORIGINAL
SUMMARY INVOICE

Invoice No: 9010469336

Payment Due Date: 06/12/2025

Payment Terms: 2% 10 NET 30

Invoice Date: 06/02/2025

Bill / Mail To:
 JO ANN STORES
 5555 DARROW RD
 HUDSON OH 44236-4011

830405

Payer:
 JO ANN STORES
 5555 DARROW RD
 HUDSON OH 44236-4011

830405

Purchase Order Number	Customer Contract	Contract Coverage Dates
		03/22/2023-05/30/2025
Invoice Comments		
Summary Invoice Coverage Periods		
05/01/2025-05/03/2025	05/01/2025-05/05/2025	05/01/2025-05/17/2025
05/01/2025-05/20/2025	05/01/2025-05/23/2025	05/01/2025-05/24/2025
05/01/2025-05/25/2025	05/01/2025-05/30/2025	05/04/2025-05/30/2025
05/06/2025-05/30/2025	05/18/2025-05/30/2025	05/21/2025-05/30/2025
05/24/2025-05/30/2025	05/25/2025-05/30/2025	05/26/2025-05/30/2025
		Non-Taxable Amount: 4,827.53 Taxable Amount: 14,833.84 Invoice Sub Total: 19,661.37 Tax Total: 1,021.25 Invoice TOTAL: \$ 20,682.62

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 DEPT. CH 19188
 PALATINE, IL 60055-9188
 USA

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Payment Due Date: 06/12/2025

Pay This Amount: \$ 20,682.62

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Title _____

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